

I gave Benjamin J. Hill 20 100mg
trazodone pills. I came up here on
2-2-09 and left 10 pills with [REDACTED]

[REDACTED] in 2 jailhouse Dice that
I made in my room. I also left
10 with [REDACTED] to give to

B. Hill on 2-20-09 and they
did and before I or he came
to BM. He left me a note

with Officer Burghwell and it was
asking me to help him Die and get

away from all his problems and

help him get away from his

charges so he didn't have to go

to adult prison. So I helped him

and I came up to BM on 2-2-09

and put him back @ the

unit. I left the pills with

2 people to give to him. Now

He's no longer alive he died

3 days after they gave them

to him. Now I have so much

guilt on my shoulders I don't

want to live. I only done

it because he asked for my

To: Joe Merendino, Superintendent

From: Suzie Bailey, Health Service Administrator

Date: April 7, 2009

Re: [REDACTED]

Residents [REDACTED]'s medical record was reviewed to see if he had ever been prescribed the medication Trazodone while at WVIHY. After such review it was found that this resident has never been on this medication while at WVIHY.

Trazodone is an antidepressant, it's available in tablet form 50mg, 100mg, 150mg, and 300mg. Residents currently on this medication at IHY are as follows: [REDACTED] currently on 50mg at bedtime, [REDACTED] on 204 is on 50mg at bedtime, [REDACTED] on 204 is on 50mg at bedtime, and [REDACTED] on 211 is on 200mg at bedtime he receives 2 tablets at bedtime.

This medication is a crushable medication the MAR (medication administration record) instructs the nursing staff that this medication is to be crushed before administration by placing a green C beside the order on the MAR.

Cc: Kathy Nicholson, PCM Regional Coordinator
Tim Bowen, PCM Vice President Operations

Benjamin Hill – Medication

Other Meds (1 of 1)

DATE	TIME	MEDICATION	DOSAGE
2/7/09	6 AM 8 PM	Diclofenac	75 mg
2/8/09	6 AM 8 PM	Diclofenac	75 mg
2/9/09	6 AM 8 PM	Diclofenac	75 mg
2/10/09	6 AM 8 PM	Diclofenac	75 mg
2/11/09	6 AM 8 PM	Diclofenac	75 mg
2/12/09	6 AM 8 PM	Diclofenac	75 mg
2/13/09	6 AM	Diclofenac	75 mg
2/16/09	6 AM 8 PM	CTM	4 mg
2/17/09	6 AM 8 PM 6 PM	CTM Throat spray	4 mg
2/18/09	6 AM 8 PM	CTM	4 mg
2/19/09	6 AM 8 PM	CTM	4 mg
2/20/09	6 AM 8 PM	CTM	4 mg
2/21/09	6 AM	CTM	4 mg

Benjamin Hill – Medication

Psych Meds (1 of 2)

DATE	TIME	MEDICATION	DOSAGE
2/1/09	8 PM	Refused all medication	
2/2/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg
2/3/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg
2/4/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg
2/5/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg
2/6/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg
2/7/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg
2/8/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg
2/9/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg
2/10/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg
2/11/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg

Psych Meds (2 of 2)

DATE	TIME	MEDICATION	DOSAGE
2/12/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg
2/13/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg
2/14/09	8 PM	Refused all medication	
2/15/09	8 PM	Refused all medication	
2/16/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg
2/17/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg
2/18/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg
2/19/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg
2/20/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg
2/21/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg
2/22/09	8 PM	Trazodone	75 mg
	8 PM	Strattera	80 mg
	8 PM	Remeron	60 mg

JAMES A. KAPLAN, M.D.
Chief Medical Examiner

NABILA HAIKAL, M.D.
First Deputy Chief Medical Examiner

ZIA SABET, M.D.
Deputy Chief Medical Examiner

HAMADA MAHMOUD, M.D.
Deputy Chief Medical Examiner

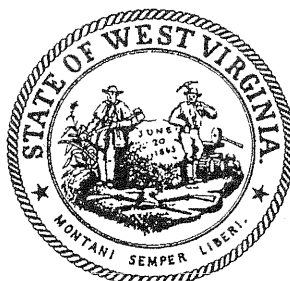
MATRINA SCHMIDT, M.D.
Deputy Chief Medical Examiner

ROBERT C. BELDING, M.D.
Deputy Chief Medical Examiner

JAMES KRANER, PH.D.
Chief Toxicologist

OHN M. CARSON, D.D.S., DABMDI
Chief Dental Examiner

DOUGLAS OWSLEY, PH.D.
Forensic Anthropologist



JOE MANCHIN III
Governor

COPY

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE CHIEF MEDICAL EXAMINER
619 Virginia Street West
Charleston, WV 25302
Phone: (304) 558-6920
FAX: (304) 558-7886

**REPORT OF DEATH INVESTIGATION
AND POST-MORTEM EXAMINATION FINDINGS**

CASE NO. WV-2009-0719

HILL, Benjamin Joseph

Date of Birth: September 20, 1989

Age: 19 years

Date of Death: February 23, 2009

Pronouncement: February 23, 2009 @ 8:06 p.m.

Body Received at OCME: February 24, 2009 @ 1:34 a.m.

Date of Examination: February 24, 2009

Examination Commenced: 10:35 a.m.

Autopsy Performed at:

Office of the Chief Medical Examiner
619 Virginia Street, W.
Charleston, WV 25302

Autopsy Performed by:

Robert C. Belding, M.D.
Deputy Chief Medical Examiner

County Medical Examiner:

Investigating Agency:

FIU Investigator:

Eddie Jenkins, Harrison County
Cpl. Swiger, West Virginia State Police
Lisa Schurman, OCME Investigator

Witness:

Corporal Swiger, Bridgeport Detachment,
West Virginia State Police

Appended:

Toxicology Report and Addendum

IDENTIFICATION

The decedent is visually identified, confirmed by identification tag attached to the left great toe.

EXTERNAL EXAMINATION

The decedent is received in supine position, enclosed within a body bag secured with lock tab #2218062 verified to be intact by documentation of the tab number on the OCME 1.

CLOTHING AND OTHER ITEMS ACCOMPANYING THE BODY:

The decedent is received wearing gray undershirt, white underwear, orange regulation shirt, orange regulation pants, white socks, red sweatpants, blue pants.

BODY DESCRIPTION:

The body is that of a well-developed, well-nourished, phenotypically Caucasian male appearing the listed age of 19 years, weighing 166 lbs. and measuring 5'6" in length. The body has been refrigerated and is cold to the touch. There is marked positive rigor mortis present in the jaw, trunk and extremities. A nonfixed violaceous posterior lividity pattern is present.

The subject is normocephalic. The scalp hair is brown, approximately 3 inches in greatest length. The facial features are symmetrical. No bony crepitation is palpable over the midface. The corneas are clear. The irides are green; the pupils are round and measure approximately 4 mm each. The conjunctivae are congested without petechial hemorrhage. The nose is normally formed. The nostrils are patent and contain no hemorrhage or discharge. The ears are symmetrical and show no hemorrhage or discharge. The teeth are natural and in good condition. The oral mucous membranes show no trauma or petechial hemorrhage. No blood is present in the mouth. Gastric contents are present in the mouth.

The neck shows a symmetrical external contour. There is no palpable bony crepitation or hypermobility. The trachea is palpably midline.

The chest shows a symmetrical external contour. There is no palpable crepitation or bony deformity over the chest wall. The abdomen is flat and soft. No masses are externally palpable. The pubic hair pattern is normal adult male. The external genitalia are normally developed circumcised, adult male. The testes are palpable within the scrotum. The anus is closed and atraumatic.

The lower extremities appear symmetrical and normally formed. The toenails are trimmed at the ends of the toes. The soles of the feet are calloused.

The upper extremities are symmetrical and normally formed. The fingernails are trimmed at the ends of the fingers. The nail beds are not cyanotic. No clubbing of the fingernails is noted.

The posterior trunk shows a symmetrical external contour. The spine is palpably midline.

SCARS, TATTOOS, AND GENERAL SURFACE FEATURES:

Scars: Nondescript skin scars are present.

Tattoos: None.

Other surface features: None.

EVIDENCE OF MEDICAL THERAPY

Four EKG pads are present in standard locations. An orotracheal tube is in place.

EVIDENCE OF POSTMORTEM ORGAN/TISSUE PROCUREMENT

None.

EVIDENCE OF INJURY

None.

INTERNAL EXAMINATION

Organ Weights

Heart:	400 gm	Liver:	2050 gm	Spleen:	250 gm
L. Lung:	750 gm	R. Kidney:	210 gm	Brain:	1740 gm
R. Lung:	810 gm	L. Kidney:	200 gm		

Direct examination of the head and central nervous system, structures of the neck, body cavities, cardiovascular system, respiratory system, hepatobiliary system, lymphoreticular system, genitourinary system, gastrointestinal system, endocrine system, and musculoskeletal system is without evidence of natural diseases, except as noted below:

Lungs: The lungs are hyperinflated with edema fluid. No consolidation is present. No pulmonary embolus or infarct is present.

Other findings: Body wall fat thickness at the anterior abdominal wall is 3/4 inch. The gall bladder and vermiform appendix are unremarkable.

Significant cavity fluid: None.

Urine: Approximately 60 mls of urine is present.

Gastric Content: Approximately a liter of partially digested food including apparent chicken and noodles are present. No particulate medication residue is identified.

MICROSCOPIC EXAMINATION

Heart: Variability of size of myofiber nuclei. No ischemic changes. No myocarditis. No infarct, no scarring.

Lungs: Bilateral intra-alveolar hemorrhage, left greater than right. Intra-alveolar edema fluid is also present, again left more than right. The left lung also has increased thickness of alveolar walls due to increased numbers of mononuclear cells, alveolar lining cell hypertrophy and possible capillaritis.

Kidney: Negative.

Liver: Negative.

Trachea: Negative.

Brain: Sections of dentate nucleus of cerebellum and near hippocampus of cerebrum are negative.

AUTOPSY IMAGING

PHOTOGRAPHY: Routine photographs are obtained at autopsy; archived within the OCME case file.

RADIOGRAPHY: Deferred.

FINGERPRINTS: RH 1; archived within the OCME case file.

ANCILLARY PROCEDURES

A layered neck dissection is performed.

MATERIAL RETAINED

EVIDENCE COLLECTED: Pulled head hair, right nail scrapings, left nail scrapings, pulled pubic hair.

TISSUE/FLUID SAMPLES RETAINED:

- Preserved in formalin: routine organ tissue samples.
- Frozen for toxicologic analysis: samples of subclavian blood, urine, vitreous fluid, liver and gastric content.
- Retained for potential DNA analysis: blood sample card x 1.


FINDINGS

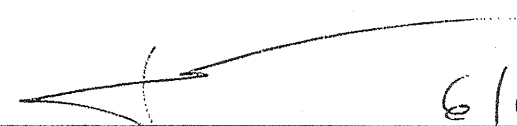
- I. **Undetermined cause of death.**
- II. **Toxicology: therapeutic levels of prescribed mirtazapine and atropine administered by EMS crew.**
- III. **Investigation: sudden death of an incarcerated young man.**
- A. He had in the past week complained of sore throat, running nose and cough and had been treated symptomatically.
 - B. Late in September he had been placed on suicide precautions. Reportedly, he had in the past several days became upset that he was to be incarcerated for two more years and expressed to another that he wanted to hang himself.
 - C. Autopsy did not reveal evidence of a non-natural death. A security camera did not show anyone entering or leaving the decedent's cell until after the death was discovered.
- IV. **Nonspecific findings of hyperinflated and edematous lungs, with acute intra-alveolar hemorrhage.**

OPINION

CAUSE OF DEATH AND CONTRIBUTORY CONDITIONS/ FACTORS: It is our opinion following complete autopsy, microscopic examination, complete toxicological testing, investigation and review of all available records, that Benjamin Joseph Hill, a 19 year old incarcerated male teenager, died as result of undetermined causes.

MANNER OF DEATH: Undetermined.

 6/18/09
Robert C. Belding, M.D. Date
Deputy Chief Medical Examiner

 6/18/09
James A. Kaplan, M.D. Date
Chief Medical Examiner

APPENDED: Toxicology Laboratory Report #2009-0719
RCB/JAK/vgs

STATE OF WEST VIRGINIA
OFFICE OF THE CHIEF MEDICAL EXAMINER

TOXICOLOGY REPORT

Name of Deceased: Hill, Benjamin J.

Date of Request: 02-24-09

Case Number: 09-0719

Date Received: 02-24-09

Pathologist: Dr. Belding

Samples Received

- ☒ Subclavian Blood
☐ Hospital Blood
☒ Gastric Contents
☒ Urine
☒ Liver
☒ Vitreous Fluid
☐ Tissue _____
☐ Other _____

Analysis Performed

- ☒ Blood Alcohol
☒ Drugs of Abuse Immunoassay (Blood)
☐ Drugs of Abuse Immunoassay (Urine)
☒ Alkaline Drug Screen (Urine)
☒ Alkaline Drug Screen (Blood)
☒ Acidic and Neutral Drug Screen (Blood)
☐ Drug Confirmation and Quantitation (Blood)
☒ Other _____ Chemistry Panel (Vitreous Fluid)

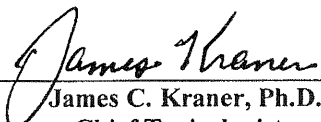
Results

Sample	Drug	Concentration	Therapeutic	Toxic	Lethal
Blood	Ethanol	None Detected			
Blood	Atropine	0.10 mg/L	0.03-0.20 mg/L		
Blood	Mirtazapine	0.06 mg/L	0.04-0.18 mg/L		
Urine	Mirtazapine	Positive			
Vitreous Fluid	Glucose	< 2 mg/dL*			
Vitreous Fluid	Urea Nitrogen	15 mg/dL*			
Vitreous Fluid	Sodium	147 mmol/L*			
Vitreous Fluid	Potassium	8.9 mmol/L*			
Vitreous Fluid	Chloride	131 mmol/L*			

*Analysis performed by CAMC, Charleston, WV.

Comments

The antidepressant drug mirtazapine and the anticholinergic medication atropine were present in the blood at therapeutic concentrations. No alcohol or drugs of abuse were detected.


James C. Kraner, Ph.D.
Chief Toxicologist

5/19/09
Date